



2017 Benefits Enrollment Guide

Your Benefits. Your Choice.



Dear City Team Member,

The City of Abilene continues its commitment to provide comprehensive and competitive benefits for you and your dependents. As you are well aware, this year has proven to be challenging as our health plan claims have soared to historic levels. We will continue to offer our employees medical, dental, and vision insurance plans that are focused on preventive care, along with additional services to help employees recover in the event of an illness or injury. For the plan year 2017, we have had to make significant changes to our health plan design and offerings to keep up with increased costs of service and higher than normal claims.

Please reference the medical section of this guide for the two medical plan options available to you in 2017 (the High plan and the Low plan). These plans are Exclusive Provider Organizations (EPO) and will provide only in-network coverage. This means, in order for the plan to pay, you must receive services from a health care provider that is in Aetna's network agreement. The plan will not pay for services received from an out-of-network provider unless they are in conjunction with bona-fide emergency care treatment. In addition to the medical plan options, you also have the opportunity to purchase Critical Illness Insurance, Whole Life Insurance, Accident Insurance, and a Hospital Indemnity Plan as your individual circumstances dictate.

We are again partnering with Direct Path (formally Enrollment Advisors) to facilitate our enrollment process and assist all employees with benefit offerings. **Because of these important changes, participation in the enrollment process is mandatory. You must complete the enrollment process in order to have benefit coverage in 2017. If you do not participate in the enrollment process you will not have coverage in 2017.** We are pleased to offer all employees two ways to review options, make benefit selections, and complete the enrollment process for the 2017 plan year:

- Beginning Monday, October 10th, you may schedule your telephone appointment with a Benefits Educator online at www.enrollappointments.com/coa or by calling 1-855-680-8806.
- Employees can also enroll online 24 hours a day, 7 days a week at www.CityofAbilene.bswift.com beginning Wednesday, October 19th. Online enrollment ends at 5 pm on Friday, October 28th. If you need help with online enrollment, you can schedule an appointment or stop by the City Hall Computer Lab in the Basement Emergency Operations Center (EOC) between 7 AM – 6 PM on October 24 – 28 for assistance with online self-enrollment.

All employees are required to participate in Annual Benefits Open Enrollment using one of these methods to ensure they have benefits in 2017. The enrollment period is **only October 19-28, 2016**.

Further information will be provided during the Enrollment Education Meetings on **October 14th at 10 am, 1:30 pm, and 3:30 pm**. You are required to attend one of these Enrollment Education Meetings. This year, the meetings will be held at the **Civic Center Exhibit Hall** and will also feature a health fair with benefit vendor and wellness booths. Please take a few minutes to review this guide in anticipation of enrollment. It may also be beneficial to take it with you to the education meeting and reference it while you enroll in 2017 benefits.

Sincerely,



Ronnie C. Kidd
Managing Director for Administration

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ENROLLMENT DATES: OCTOBER 19-28, 2016

BENEFITS FOR YOU AND YOUR FAMILY

WHO IS ELIGIBLE?

Regular full-time employees, spouses, and children up to age 26* who meet certain criteria are eligible for all benefits through the City of Abilene. Part-time employees are eligible for all benefits except for Medical Insurance.

*A dependent child may be the natural child, legally adopted child, child placed for adoption, stepchild, foster child, or a child of your child who is your dependent for federal income tax purposes at the time of application.

WHEN AND HOW DO I ENROLL?

This year is an **active** enrollment. This means you must complete the enrollment process no later than 5 PM on Friday, October 28 in order to have any benefits in 2017. There are two ways to enroll this year:

- Beginning Monday, October 10th, you may schedule your telephone appointment with a Benefits Educator online at www.enrollappointments.com/coa or by calling 1-855-680-8806. Appointments fill up fast, so don't wait until the last day!
- Enroll online 24/7 at www.CityofAbilene.bswift.com beginning Wednesday, October 19th. Online enrollment ends at 5 pm on Friday, October 28th, so don't put it off!

Don't forget, all employees must enroll!

Need help with online enrollment? Schedule an appointment or stop by the City Hall Computer Lab in the Basement Emergency Operations Center (EOC) between 7 AM - 6 PM on October 24 - 28 for assistance with online self-enrollment.

The City of Abilene Clinic for Health (COACH) is available for free to you and your dependents enrolled in the City of Abilene Medical Plan. If you are in need of a non-emergency medical treatment, you can schedule an appointment during the week by calling 325-437-4611.

COACH Clinic
Abilene/Taylor County Health Department building
850 North 6th Street

The City of Abilene is pleased to announce your 2017 benefits program, which is designed to help you stay healthy and maintain a work/life balance. Offering a comprehensive benefits package is just one way we strive to provide you with a rewarding workplace. Please read the information provided in this guide carefully. For full details about your plans, please refer to the summary plan descriptions.

What's Available For 2017?

Listed below are the 2017 benefits available during open enrollment:

- Aetna Medical and Pharmacy Benefits (**New Plans for 2017**)
- Unum Critical Illness Insurance
- Unum Whole Life Insurance
- Unum Accident Insurance
- Unum Hospital Indemnity Plan
- Flexible Spending Account
 - Medical Care Expenses
 - Dependent Care Expenses
- Dental Insurance
- Vision Insurance
- Group Life Insurance
- Group AD&D Insurance
- Legal Plan

When Is My Coverage Effective?

The effective date for your benefits is January 1, 2017.

Changing Coverage During the Year

Your medical, dental and vision payroll deductions are taken out of your paycheck on a pre-tax basis. Since premiums are deducted on a pre-tax basis, you cannot make a change or terminate the coverage elected during the plan year unless you experience a qualifying event. After the open enrollment period, you cannot make changes to your elected coverage unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Loss of eligibility under the plan

If you experience a qualifying event, you have **31 days** from the date of the event to make changes to your current coverage election. To change your current coverage, you must notify the City of Abilene and provide verification (marriage license/birth certificate/court documents) to support the change.

MEDICAL INSURANCE *NEW PLANS FOR 2017*

The City of Abilene offers medical coverage through Aetna. If you elect coverage, you can choose the High or Low plan. All plans cover a wide variety of medical services, including preventive care, office visits, prescription drugs, and inpatient care. Please note that the medical plans offered are EPO plans; no out-of-network coverage is offered.

MONTHLY HEALTH PLAN RATES	HIGH PLAN	LOW PLAN
Employee Only	\$201.00	\$100.00
Employee and Child(ren)	\$383.00	\$194.00
Employee and Family	\$849.00	\$388.00

Please note that the medical plans offered are EPO plans; no out-of-network coverage is offered. The following chart summarizes the key differences between the medical plans:

BENEFITS	HIGH PLAN	LOW PLAN
Annual Deductible		
Individual	\$2,000	\$3,000
Family	\$4,000	\$6,000
Out-of-Pocket Maximum		
Individual	\$5,000	\$6,600
Family	\$10,000	\$13,200
Coinsurance	70%	70%
Annual Maximum	Unlimited	Unlimited
Preventive Care		
Routine Physical, Well Baby Care	100%	100%
Immunizations	100%	100%
One Mammogram, PSA Exams, PAP Tests, Colon Cancer Screening	100%	100%
Physician's Services – Office Visit (including lab-only visits)	\$40 copay	\$50 copay
Lab and X-Ray Lab (Physician office or outpatient facilities due to office visit)	100%	100%
X-Ray/Certain Diagnostic Procedures*	70% after deductible	70% after deductible
Hospital Services		
Inpatient	70% after deductible	70% after deductible
Outpatient Surgery	70% after deductible	70% after deductible
Emergency Room** (waived if admitted)		
True Emergency	70% after deductible + \$150 copay	70% after deductible + \$150 copay
Non-Emergency	70% after deductible + \$150 copay	70% after deductible + \$150 copay
All Other Services	70% after deductible	70% after deductible

*Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan

**Separate physician charge may apply in addition to ER facility charge; some in-network ER facilities contract with out-of-network physicians.

Prescription Drug Plan

Please note that the medical plans offered are EPO plans; **no out-of-network coverage is offered.**

BENEFITS	HIGH PLAN	LOW PLAN
Rx Deductible (applies to retail and mail order)	\$100 deductible	\$100 deductible
Retail (30-day supply)		
Specialty*	\$150 for 30 day supply	\$150 for 30 day supply
Non-Preferred Brand Name	\$60 copay	\$60 copay
Preferred Brand Name	\$40 copay	\$40 copay
Generic	\$15 copay	\$15 copay
Mail Order (90-day supply)		
Specialty*	\$150 for 30 day supply	\$150 for 30 day supply
Non-Preferred Brand Name	\$120 copay	\$120 copay
Preferred Brand Name	\$80 copay	\$80 copay
Generic	\$30 copay	\$30 copay
Rx Enhanced – Members electing to purchase preferred/non-preferred brand name drugs when “Brand Medically Necessary” is not indicated and a generic equivalent is available will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug, plus the generic copay.		

*Aetna Specialty Pharmacy

Aetna Specialty Pharmacy is our in-house specialty pharmacy. It can fill prescription specialty medicine. These types of drugs may be injected, infused or taken by mouth. Specialty medicine often needs special storage and handling. It must be delivered quickly; a nurse or pharmacist should monitor patients during their treatment. Aetna Specialty Pharmacy offers all this and more. For members who need this type of medicine, Aetna Specialty Pharmacy can send it right to their mailbox.

Members also get:

- Free delivery that is reliable, secure and sent anywhere they choose
- Extra help when needed - like injection training and side effect monitoring
- Proactive outreach to confirm refills
- Free standard supplies
- Nurses and pharmacists who can help 24 hours a day, every day

TERMS TO KNOW

- **Calendar Year Deductible** – The amount of covered expenses that must be paid by a covered person each calendar year before the plan begins paying certain benefits. The deductible does not apply to services covered by a copay.
- **Coinsurance** – The portion of covered expenses you and the plan share after you meet the deductible. Coinsurance is listed as a percentage.
- **Copayment (Copay)** – A specific, fixed dollar amount you must pay for certain supplies or services.
- **Out-of-Pocket Maximum** – This helps protect you from catastrophic costs during the year. When the coinsurance you pay for covered expenses reaches the annual maximum in a calendar year, the plan pays 100% of most remaining covered expenses for that person for the rest of the year. The annual deductible and your copays count towards your out-of-pocket maximum.
- **Family Maximums** – If you cover family members, the plan limits both your annual deductible and annual out-of-pocket maximum. When a combination of all your family's deductible expenses reaches the family deductible amount, your family no longer pays any further deductibles. When the family maximum is met for the calendar year, no other family members will be required to meet further annual deductibles or out-of-pocket maximums for the rest of that year.
- **Annual Maximum** – The maximum amount the insurer will pay the insured for benefits in one plan year (January 1st – December 31st). Each participant has his/her own individual maximum.
- **Pharmacy Deductible** – Separate \$100 deductible per participant per calendar year applies to pharmacy benefit.
- **In-Network Benefits** – The benefits available under the Plan for services and supplies that are provided by a Network Provider.
- **Out-of-Network Benefits** – The benefits available under the Plan for services and supplies that are provided by an Out-of-Network Provider.

FLEXIBLE SPENDING ACCOUNTS (FSA)

An FSA allows you to set aside pre-tax dollars to cover qualified expenses that you would normally pay out of your pocket with post-tax dollars. The FSA is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. Please make sure that you plan your FSA contributions carefully, as any funds not used by March 15, 2018 will be forfeited. The FSA program will not roll over into the next year so re-enrollment is required each year.

How an FSA Works:

- Choose a specific amount of money to contribute for the plan year of January 1, 2017 to December 31, 2017.
- You have until March 15, 2018 to use your FSA savings (which includes the grace period of two months and 15 days).

Access to your individual MyTASC, FSA Account is available at: www.tasconline.com.

City of Abilene offers the Flexible Spending Account (FSA) benefit to employees for both Health Care and Dependent Care Expenses through Total Administrative Services Corporation (TASC). This benefit provides a debit card for health care expenses and offers direct deposit as an option for reimbursement.

Flexible Spending Accounts Include The Following Two Accounts:

Health Care Spending Account

The health care spending account may be used for any medical, dental, or vision care expenses not reimbursed by any other benefit plans. These expenses may include the deductible, coinsurance, or costs not covered by the plan. The maximum yearly contribution is \$2,550.

Dependent Care Account

The dependent care account may be used to pay for dependent care expenses that enable you or your spouse to work. If married, both spouses must be employed in order to save in the Dependent Care Account. If married and filing a joint tax return or single and head of household, the maximum yearly contribution is \$5,000. If married and filing separate tax returns, the maximum yearly contribution is \$2,500.

Health Care Account Annual Maximum	\$2,550
Dependent Care Account Annual Maximum	\$5,000 married filing jointly or single and head of household
	\$2,500 married taxpayers filing separate returns

HOSPITAL INDEMNITY INSURANCE

Unum's Group Hospital Indemnity Insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.

How does it work?

This insurance pays a benefit when you are admitted to the hospital for a covered accident or sickness. You may receive a benefit for the following:

- \$1,500 each covered hospital admission (once per calendar year)

Monthly Premium

AGE BAND	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD	EMPLOYEE, SPOUSE & CHILD
17 - 49	\$19.09	\$34.12	\$27.13	\$42.16
50 - 59	\$24.60	\$48.94	\$32.64	\$56.98
60 - 64	\$34.49	\$71.80	\$42.53	\$79.84
65 +	\$48.61	\$100.88	\$56.65	\$108.92

Advantages of the plan

- Coverage is available to all eligible employees who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

Policy provisions

Pre-existing condition Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the 12 months just prior to your effective date) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.

Employees must have comprehensive medical coverage before purchasing hospital indemnity insurance.

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

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This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form GHI-1, or contact your Unum representative.

THIS IS A LIMITED POLICY

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Unum complies with state civil union and domestic partner laws when applicable.

unum.com

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DENTAL COVERAGE

The City of Abilene offers a dental plan administered by Ameritas Group. In this plan, you may use any dentist you wish. There are two options with Ameritas Group: Plan 1 Low Plan and Plan 2 High Plan.

MONTHLY DENTAL RATES	LOW PLAN	HIGH PLAN
Employee Only	\$16.08	\$35.60
Employee and Spouse	\$33.68	\$72.44
Employee and Child(ren)	\$36.88	\$76.64
Employee and Family	\$54.48	\$108.36

If your dental treatment is expected to cost \$300 or more, ask your dentist to submit a pre-treatment estimate request to Ameritas. He or she can get a detailed list of what benefits the plan will pay by calling 1-800-487-5553 or using Ameritas online system.

FEATURE	LOW PLAN	HIGH PLAN
Calendar Year Deductible – For basic and major benefits combined	\$50 calendar year 3 Family Member Maximum	\$50 calendar year 3 Family Member Maximum
Maximum Benefit Per Calendar Year	\$1,000	\$1,500
Preventive Services – Deductible waived		
Periodic oral exams (two per cal year)	100% of scheduled amount	100% of U&C*
Bitewing x-rays (two per cal year)		
Full mouth x-rays (one per 36 months)		
Cleaning (two per calendar year)		
Tooth sealants (children age 16 and under)		
Topical fluoride treatment (one per cal year for children age 18 and under)		
Basic Services		
Fillings (amalgam, resin or composite)	100% of scheduled amount	80% of U&C*
Routine and complex extractions		
Denture repair		
Anesthesia		
Major Services		
Inlays and onlays	100% of scheduled amount	50% of U&C* after deductible
Crowns (one per five years)		
Crown repairs		
Root Canal therapy		
Endodontics (non-surgical and surgical)		
Periodontics (non-surgical and surgical)		
Prosthodontics (fixed bridge, removable complete/ partial dentures – one per five years)		
Dental Rewards**	N/A	Included
Waiting Period	None	None
Orthodontic Services		
Coinsurance	50%	50%
Coverage for Adults	No	Yes
Waiting Period	12 months	12 months
Orthodontic Lifetime Maximum Benefit	\$500	\$1,500

*U&C (usual and customary for the region)

**Dental Rewards – if you go to the dentist at least one time in a calendar year and spend less than \$750, you may carry over another \$250 towards your calendar year maximum for the following year. This same provision will apply until a total of an additional \$1,000 has been added to your calendar year maximum, for a total of \$2,500 annual maximum.

FOR MORE INFORMATION: WWW.ENROLLAPPOINTMENTS.COM/COA

VISION COVERAGE

The City of Abilene offers vision coverage for you and your eligible dependents through Ameritas Group. The vision plan is a network provider plan; however, it does offer benefits for out-of-network services. When you use a participating doctor or provider, you pay only a copay for most covered services.

To see the In-Network providers, visit www.vsp.com.

MONTHLY VISION RATES	VSP VISION CARE
Employee Only	\$7.92
Employee and 1 Dependent	\$12.52
Employee and 2 or More Dependents	\$17.08

SERVICE	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
Exam – one per year	\$10 deductible	You receive up to \$45
Lenses – one pair per year Single vision Bifocal Trifocal Lenticular	\$25 deductible Covered in full Covered in full Covered in full 20 % discount	No deductible You receive up to \$30 You receive up to \$50 You receive up to \$65 Up to \$100.00
Frames – one every two years	\$100, no deductible	You receive up to \$70.00
Contact Lenses Fit and follow-up exams Contacts Elective Medically necessary	You pay up to \$55 10% off retail Covered in full up to \$115 Covered in full	No benefit You receive up to \$105.00 You receive up to \$210.00
Progressive Lenses Standard Premium lens cost Progressive lens cost Standard Polycarbonate Scratch Resistant Coating – Anti-Reflective Ultraviolet Coating	You pay \$55 - \$175 20% discount \$120 allowance \$33 for adult covered in full for dependents \$17-\$33 \$43-\$85 \$16	No benefit No benefit No benefit No benefit No benefit No benefit No benefit
LASIK or PRK Surgery	15% off retail price US Laser Network participating providers	No benefit
Additional Features		
Contact Lenses Elective	Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts chosen in lieu of glasses.	
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).	
Frame Discount	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.	
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).	

GROUP BASIC LIFE AND AD&D INSURANCE THROUGH DEARBORN NATIONAL

All active full-time employees enrolled in the employer-sponsored medical plan are eligible for \$5,000 of Group Basic Term Life and Accidental Death and Dismemberment(AD&D). The City pays the cost of this benefit.

GROUP VOLUNTARY TERM LIFE INSURANCE THROUGH DEARBORN NATIONAL

In addition to your employer-paid term life insurance, you have the opportunity to purchase additional term life insurance on a voluntary basis through Dearborn National. You may purchase in increments of \$10,000 to a maximum of \$500,000. Late enrollees, incremental increases of over \$10,000, and purchases in excess of \$100,000 are subject to Evidence of Insurability (EOI) approval by Dearborn National.

If you are enrolled in the voluntary term life insurance, you have the opportunity to purchase life insurance for your spouse and child(ren). Spousal benefits are available in \$10,000 increments to a maximum of \$500,000. Late enrollees and purchases in excess of \$20,000 are subject to

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EOI approval by Dearborn National. Child benefits are available in the amounts of \$5,000 or \$10,000 for children age six months to 25 years old. The benefit for children from birth to six months is \$1,000.

Group Voluntary Term Life Coverage for spouse and children cannot exceed that of the employee. Your individual cost varies depending on coverage amount selected; your Benefits Educator will provide you with the costs per pay period. There is a benefit reduction for this coverage when you turn age 70 to 65% of the amount of the coverage and to 50% at age 75.

Dearborn National Employee and Spouse Voluntary Bi-Weekly Life Rates

COVERAGE	COST	COVERAGE	COST	COVERAGE	COST
\$10,000	\$1.55	\$180,000	\$27.90	\$350,000	\$54.25
\$20,000	\$3.10	\$190,000	\$29.45	\$360,000	\$55.80
\$30,000	\$4.65	\$200,000	\$31.00	\$370,000	\$57.35
\$40,000	\$6.20	\$210,000	\$32.55	\$380,000	\$58.90
\$50,000	\$7.75	\$220,000	\$34.10	\$390,000	\$60.45
\$60,000	\$9.30	\$230,000	\$35.65	\$400,000	\$62.00
\$70,000	\$10.85	\$240,000	\$37.20	\$410,000	\$63.55
\$80,000	\$12.40	\$250,000	\$38.75	\$420,000	\$65.10
\$90,000	\$13.95	\$260,000	\$40.30	\$430,000	\$66.65
\$100,000	\$15.50	\$270,000	\$41.85	\$440,000	\$68.20
\$110,000	\$17.05	\$280,000	\$43.40	\$450,000	\$69.75
\$120,000	\$18.60	\$290,000	\$44.95	\$460,000	\$71.30
\$130,000	\$20.15	\$300,000	\$46.50	\$470,000	\$72.85
\$140,000	\$21.70	\$310,000	\$48.05	\$480,000	\$74.40
\$150,000	\$23.25	\$320,000	\$49.60	\$490,000	\$75.95
\$160,000	\$24.80	\$330,000	\$51.15	\$500,000	\$77.50
\$170,000	\$26.35	\$340,000	\$52.70		

Dearborn National Child Voluntary Bi-Weekly Life Rates

COVERAGE	COST
\$5,000	\$0.50
\$10,000	\$1.00

Dearborn National Voluntary Accidental Death & Dismemberment Bi-Weekly Rates

COVERAGE	EMPLOYEE	FAMILY	COVERAGE	EMPLOYEE	FAMILY	COVERAGE	EMPLOYEE	FAMILY
\$10,000	\$0.18	\$0.30	\$180,000	\$3.15	\$5.40	\$350,000	\$6.13	\$10.50
\$20,000	\$0.35	\$0.60	\$190,000	\$3.33	\$5.70	\$360,000	\$6.30	\$10.80
\$30,000	\$0.53	\$0.90	\$200,000	\$3.50	\$6.00	\$370,000	\$6.48	\$11.10
\$40,000	\$0.70	\$1.20	\$210,000	\$3.68	\$6.30	\$380,000	\$6.65	\$11.40
\$50,000	\$0.88	\$1.50	\$220,000	\$3.85	\$6.60	\$390,000	\$6.83	\$11.70
\$60,000	\$1.05	\$1.80	\$230,000	\$4.03	\$6.90	\$400,000	\$7.00	\$12.00
\$70,000	\$1.23	\$2.10	\$240,000	\$4.20	\$7.20	\$410,000	\$7.18	\$12.30
\$80,000	\$1.40	\$2.40	\$250,000	\$4.38	\$7.50	\$420,000	\$7.35	\$12.60
\$90,000	\$1.58	\$2.70	\$260,000	\$4.55	\$7.80	\$430,000	\$7.53	\$12.90
\$100,000	\$1.75	\$3.00	\$270,000	\$4.73	\$8.10	\$440,000	\$7.70	\$13.20
\$110,000	\$1.93	\$3.30	\$280,000	\$4.90	\$8.40	\$450,000	\$7.88	\$13.50
\$120,000	\$2.10	\$3.60	\$290,000	\$5.08	\$8.70	\$460,000	\$8.05	\$13.80
\$130,000	\$2.28	\$3.90	\$300,000	\$5.25	\$9.00	\$470,000	\$8.23	\$14.10
\$140,000	\$2.45	\$4.20	\$310,000	\$5.43	\$9.30	\$480,000	\$8.40	\$14.40
\$150,000	\$2.63	\$4.50	\$320,000	\$5.60	\$9.60	\$490,000	\$8.58	\$14.70
\$160,000	\$2.80	\$4.80	\$330,000	\$5.78	\$9.90	\$500,000	\$8.75	\$15.00
\$170,000	\$2.98	\$5.10	\$340,000	\$5.95	\$10.20			

GROUP VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

All part-time and full-time active employees are eligible to elect Voluntary AD&D insurance. This coverage provides an additional benefit in the event of accidental death and dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. Amounts in excess of \$150,000 are limited to 10 times annual salary. Available options include Employee Only or Employee and Family coverage. Voluntary AD&D coverage reduces to 65% at age 70; to 40% at age 75; to 25% at age 80; to 15% at age 85; and to 10% at age 90.

WHOLE LIFE INSURANCE

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

Advantages of the Plan

- Coverage is available to eligible employees age 15 to 80 who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- The policy accumulates cash value at a guaranteed rate of 4.5%.** Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller "paid-up" policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer, and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- During enrollment, you may be able to get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.

Who Can Get Coverage?

There are two life coverage options available for your spouse. You may purchase an individual policy or a Spouse Term Life benefit.

- Individual spouse coverage — Can be purchased without purchasing employee coverage. The minimum policy amount is \$2,000. The actual benefit amount is based on the coverage amount chosen and age at issue. If you leave your employer, you can keep your spouse's policy and be billed directly at home.
- Spouse Term Life benefit — Employees must purchase coverage to add this Spouse Term Life benefit. Coverage is available from \$5,000 to \$25,000 and lasts for 20 years. This coverage amount cannot exceed the employee base coverage amount. This benefit is not available if you purchase individual coverage for your spouse and will be cancelled if employee coverage is cancelled.

There are two life coverage options available for your children. You may purchase an individual policy, a Child Term Life benefit or both.

- Individual child coverage — Can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild; you can purchase coverage for each of your children/grandchildren. Coverage is available up to \$50,000 — benefit amounts are based on issue age and premium selected. Your children can keep it, even if you leave your employer.
- Child Term Life benefit — Employees must purchase coverage to add the Child Term Life benefit. Each policy covers all eligible children. Coverage is available from \$1,000 to \$10,000 and ends when your policy ends or when the last child turns 25. At that time, children are guaranteed the right to buy an individual whole life policy at five times the amount of their rider. Coverage will be cancelled if employee coverage is cancelled.

Additional coverage options

- An additional 50% Term Life coverage option may be available for purchase. This is an affordable way to increase your coverage by 50% of your base policy amount. The option lasts for 20 years. For example, if you purchase a \$25,000 whole life policy, you can get an additional \$12,500 (or 50%) of Term Life coverage for 20 years.
- Available for employees age 15 to 65.
- Adding this benefit will increase the cost of coverage.
- An Accidental Death Benefit can be added to this coverage. This feature can double the Life benefit amount if you die due to a covered accident before age 70.
- Available for employee and spouse age 15 to 65.
- Maximum additional benefit amount is \$150,000.
- Adding this benefit will increase the cost of coverage.
- Living Benefit Option Rider — Automatically included at no extra charge on this policy is a Living Benefit Option Rider. You can request up to 100% of the death benefit amount (to a maximum of \$150,000) if you are diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout you receive while you are living would reduce the amount of the benefit that would be paid to your beneficiaries when you die.

Monthly Premiums

Some rates and costs listed below may be applicable only to certain quotes and/or classes. Please see the “Plan Description” section of your Benefits Summary for specific plan details. Premium illustrates base product premium only; optional rider premium is in addition to base premium.

The guaranteed interest rate is 4.5%. Surrender value will be reduced by any outstanding loans.

EMPLOYEE & SPOUSE VOLUME PURCHASE PAID UP AGE 120 / CASH VALUE AT 65

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
25	N/A	N/A	N/A	N/A
30	N/A	N/A	\$14.74	\$4,274
35	N/A	N/A	\$18.42	\$4,009
40	\$14.35	\$3,245	\$23.92	\$3,660
45	\$18.72	\$2,856	\$31.72	\$3,197
50	\$25.27	\$2,340	\$41.82	\$2,587
55	\$35.75	\$1,645	\$59.59	\$1,776
60	\$49.84	\$1,963	\$81.12	\$2,024
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	\$18.38	\$9,516
20	N/A	N/A	\$21.58	\$9,262
25	\$14.52	\$7,872	\$25.31	\$8,949
30	\$17.86	\$7,530	\$29.47	\$8,548
35	\$22.32	\$7,080	\$36.79	\$8,018
40	\$28.69	\$6,491	\$47.84	\$7,319
45	\$37.44	\$5,712	\$63.40	\$6,394
50	\$50.49	\$4,680	\$83.59	\$5,174
55	\$71.46	\$3,291	\$119.17	\$3,552
60	\$99.67	\$3,925	\$162.20	\$4,048
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$16.82	\$12,518	\$27.56	\$14,275
20	\$18.59	\$12,205	\$32.33	\$13,894
25	\$21.80	\$11,807	\$37.96	\$13,423
30	\$26.74	\$11,295	\$44.20	\$12,822
35	\$33.50	\$10,621	\$55.17	\$12,027
40	\$42.99	\$9,736	\$71.76	\$10,979
45	\$56.16	\$8,568	\$95.12	\$9,591
50	\$75.71	\$7,020	\$125.37	\$7,760
55	\$107.17	\$4,936	\$178.75	\$5,328
60	\$149.50	\$5,888	\$243.28	\$6,072

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$22.41	\$16,691	\$36.71	\$19,033
20	\$24.79	\$16,273	\$43.12	\$18,525
25	\$29.04	\$15,743	\$50.62	\$17,897
30	\$35.67	\$15,060	\$58.94	\$17,096
35	\$44.64	\$14,161	\$73.54	\$16,036
40	\$57.33	\$12,982	\$95.68	\$14,638
45	\$74.84	\$11,424	\$126.84	\$12,788
50	\$100.93	\$9,360	\$167.14	\$10,347
55	\$142.87	\$6,582	\$238.34	\$7,104
60	\$199.34	\$7,851	\$324.35	\$8,096
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$28.04	\$20,864	\$45.89	\$23,791
20	\$30.99	\$20,341	\$53.91	\$23,156
25	\$36.32	\$19,679	\$63.27	\$22,372
30	\$44.55	\$18,824	\$73.67	\$21,370
35	\$55.82	\$17,701	\$91.96	\$20,046
40	\$71.63	\$16,227	\$119.60	\$18,298
45	\$93.56	\$14,280	\$158.52	\$15,986
50	\$126.15	\$11,700	\$208.96	\$12,934
55	\$178.62	\$8,227	\$297.92	\$8,881
60	\$249.17	\$9,814	\$405.43	\$10,121
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$56.03	\$41,727	\$91.78	\$47,582
20	\$61.93	\$40,682	\$107.77	\$46,312
25	\$72.59	\$39,358	\$126.54	\$44,743
30	\$89.10	\$37,649	\$147.34	\$42,739
35	\$111.59	\$35,402	\$183.87	\$40,091
40	\$143.26	\$32,454	\$239.20	\$36,595
45	\$187.12	\$28,561	\$317.03	\$31,971
50	\$252.29	\$23,399	\$417.87	\$25,868
55	\$357.20	\$16,454	\$595.84	\$17,761
60	\$498.34	\$19,627	\$810.86	\$20,241

**EMPLOYEE & SPOUSE VOLUME PURCHASE
PAID UP AGE 70 / CASH VALUE AT 65**

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
25	N/A	N/A	\$14.30	\$4,972
30	N/A	N/A	\$16.77	\$4,881
35	\$13.48	\$4,227	\$21.19	\$4,757
40	\$17.77	\$4,088	\$28.21	\$4,583
45	\$24.14	\$3,886	\$38.48	\$4,334
50	\$34.32	\$3,578	\$52.74	\$3,962
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$13.00	\$8,988	\$20.59	\$10,193
20	\$14.39	\$8,905	\$24.14	\$10,083
25	\$17.03	\$8,797	\$28.56	\$9,945
30	\$21.11	\$8,652	\$33.54	\$9,763
35	\$26.91	\$8,453	\$42.38	\$9,513
40	\$35.54	\$8,175	\$56.42	\$9,166
45	\$48.28	\$7,773	\$77.01	\$8,669
50	\$68.64	\$7,157	\$105.48	\$7,923
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$19.50	\$13,482	\$30.86	\$15,290
20	\$21.54	\$13,358	\$36.23	\$15,125
25	\$25.57	\$13,195	\$42.86	\$14,917
30	\$31.68	\$12,978	\$50.31	\$14,644
35	\$40.39	\$12,680	\$63.62	\$14,270
40	\$53.30	\$12,263	\$84.63	\$13,749
45	\$72.41	\$11,659	\$115.49	\$13,003
50	\$102.96	\$10,735	\$158.21	\$11,885
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$26.00	\$17,976	\$41.13	\$20,386
20	\$28.73	\$17,810	\$48.28	\$20,167
25	\$34.11	\$17,594	\$57.12	\$19,889
30	\$42.21	\$17,304	\$67.08	\$19,525
35	\$53.82	\$16,907	\$84.81	\$19,026
40	\$71.07	\$16,351	\$112.80	\$18,332
45	\$96.55	\$15,545	\$153.97	\$17,337
50	\$137.24	\$14,314	\$210.91	\$15,846
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$32.50	\$22,470	\$51.40	\$25,483
20	\$35.88	\$22,262	\$60.37	\$25,209
25	\$42.60	\$21,992	\$71.42	\$24,862
30	\$52.78	\$21,630	\$83.85	\$24,407
35	\$67.26	\$21,134	\$106.00	\$23,783
40	\$88.84	\$20,438	\$141.01	\$22,915
45	\$120.69	\$19,432	\$192.45	\$21,672
50	\$171.56	\$17,892	\$263.64	\$19,808
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$65.00	\$44,941	\$102.79	\$50,966
20	\$71.76	\$44,525	\$120.69	\$50,417
25	\$85.20	\$43,984	\$142.79	\$49,723
30	\$105.52	\$43,261	\$167.70	\$48,813
35	\$134.51	\$42,267	\$211.95	\$47,566
40	\$177.67	\$40,877	\$282.02	\$45,830
45	\$241.37	\$38,863	\$384.85	\$43,343
50	\$343.12	\$35,784	\$527.28	\$39,616
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

ENROLLMENT DATES: OCTOBER 19-28, 2016

**CHILD VOLUME PURCHASE
PAID UP AGE 70 / CASH VALUE AT 65**

CHILD MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$5,000

Issue Age	Uni-Tobacco	
	Premium	Cash Value
0	N/A	N/A
1	N/A	N/A
2	N/A	N/A
3	N/A	N/A
4	N/A	N/A
5	N/A	N/A
10	N/A	N/A
15	N/A	N/A
26	\$5.59	\$2,220

CHILD MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000

Issue Age	Uni-Tobacco	
	Premium	Cash Value
0	\$5.81	\$4,637
1	\$5.85	\$4,634
2	\$5.85	\$4,630
3	\$5.94	\$4,626
4	\$6.03	\$4,621
5	\$6.16	\$4,616
10	\$7.02	\$4,588
15	\$8.24	\$4,552
26	\$11.14	\$4,439

**EMPLOYEE TERM RIDER
PAID UP AGE 120 FOR BASE - 20 YEAR TERM FOR RIDER**

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$5,000**

Issue Age	Non-Tobacco	Tobacco
	Term Premium	Term Premium
15	N/A	N/A
20	N/A	N/A
25	N/A	N/A
30	N/A	\$2.10
35	N/A	\$2.68
40	\$2.42	\$3.48
45	\$3.25	\$4.61
50	\$4.31	\$6.08
55	\$6.18	\$8.67
60	\$8.63	\$11.79

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$10,000**

Issue Age	Non-Tobacco	Tobacco
	Term Premium	Term Premium
15	N/A	\$2.55
20	N/A	\$2.76
25	\$2.24	\$3.41
30	\$2.82	\$4.19
35	\$3.67	\$5.35
40	\$4.83	\$6.96
45	\$6.49	\$9.22
50	\$8.62	\$12.15
55	\$12.37	\$17.33
60	\$17.26	\$23.58

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$15,000**

Issue Age	Non-Tobacco	Tobacco
	Premium	Premium
15	\$2.58	\$3.83
20	\$2.73	\$4.14
25	\$3.36	\$5.11
30	\$4.23	\$6.29
35	\$5.50	\$8.03
40	\$7.25	\$10.44
45	\$9.74	\$13.83
50	\$12.93	\$18.23
55	\$18.55	\$26.00
60	\$25.89	\$35.38

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$20,000**

Issue Age	Non-Tobacco	Tobacco
	Premium	Premium
15	\$3.43	\$5.10
20	\$3.63	\$5.52
25	\$4.48	\$6.82
30	\$5.63	\$8.38
35	\$7.33	\$10.70
40	\$9.67	\$13.92
45	\$12.98	\$18.43
50	\$17.23	\$24.30
55	\$24.73	\$34.67
60	\$34.52	\$47.17

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$25,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.29	\$6.38
20	\$4.54	\$6.90
25	\$5.60	\$8.52
30	\$7.04	\$10.48
35	\$9.17	\$13.38
40	\$12.08	\$17.40
45	\$16.23	\$23.04
50	\$21.54	\$30.38
55	\$30.92	\$43.33
60	\$43.15	\$58.96

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$50,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.58	\$12.75
20	\$9.08	\$13.79
25	\$11.21	\$17.04
30	\$14.08	\$20.96
35	\$18.33	\$26.75
40	\$24.17	\$34.79
45	\$32.46	\$46.08
50	\$43.08	\$60.75
55	\$61.83	\$86.67
60	\$86.29	\$117.92

**EMPLOYEE TERM RIDER
PAID UP AGE 70 FOR BASE - 20 YEAR TERM FOR RIDER**
**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$5,000**

	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	N/A	N/A
20	N/A	N/A
25	N/A	\$1.70
30	N/A	\$2.10
35	\$1.83	\$2.68
40	\$2.42	\$3.48
45	\$3.25	\$4.61
50	\$4.31	\$6.08
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$10,000**

	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	\$1.72	\$2.55
20	\$1.82	\$2.76
25	\$2.24	\$3.41
30	\$2.82	\$4.19
35	\$3.67	\$5.35
40	\$4.83	\$6.96
45	\$6.49	\$9.22
50	\$8.62	\$12.15
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$15,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.58	\$3.83
20	\$2.73	\$4.14
25	\$3.36	\$5.11
30	\$4.23	\$6.29
35	\$5.50	\$8.03
40	\$7.25	\$10.44
45	\$9.74	\$13.83
50	\$12.93	\$18.23
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$20,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.43	\$5.10
20	\$3.63	\$5.52
25	\$4.48	\$6.82
30	\$5.63	\$8.38
35	\$7.33	\$10.70
40	\$9.67	\$13.92
45	\$12.98	\$18.43
50	\$17.23	\$24.30
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$25,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.29	\$6.38
20	\$4.54	\$6.90
25	\$5.60	\$8.52
30	\$7.04	\$10.48
35	\$9.17	\$13.38
40	\$12.08	\$17.40
45	\$16.23	\$23.04
50	\$21.54	\$30.38
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS
BASED ON A VOLUME PURCHASE OF \$50,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.58	\$12.75
20	\$9.08	\$13.79
25	\$11.21	\$17.04
30	\$14.08	\$20.96
35	\$18.33	\$26.75
40	\$24.17	\$34.79
45	\$32.46	\$46.08
50	\$43.08	\$60.75
55	N/A	N/A
60	N/A	N/A

**ACCIDENTAL DEATH BENEFIT (ADB) RIDER
PAID UP AGE 120**
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000

	Non-Tobacco	Tobacco
Issue Age	ADB	ADB
15	N/A	N/A
20	N/A	N/A
25	N/A	N/A
30	N/A	\$0.80
35	N/A	\$0.80
40	\$0.80	\$0.80
45	\$0.80	\$0.80
50	\$0.80	\$0.80
55	\$0.80	\$0.80
60	\$0.80	\$0.80

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000

	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	N/A	\$1.60
20	N/A	\$1.60
25	\$1.60	\$1.60
30	\$1.60	\$1.60
35	\$1.60	\$1.60
40	\$1.60	\$1.60
45	\$1.60	\$1.60
50	\$1.60	\$1.60
55	\$1.60	\$1.60
60	\$1.60	\$1.60

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.40	\$2.40
20	\$2.40	\$2.40
25	\$2.40	\$2.40
30	\$2.40	\$2.40
35	\$2.40	\$2.40
40	\$2.40	\$2.40
45	\$2.40	\$2.40
50	\$2.40	\$2.40
55	\$2.40	\$2.40
60	\$2.40	\$2.40

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.20	\$3.20
20	\$3.20	\$3.20
25	\$3.20	\$3.20
30	\$3.20	\$3.20
35	\$3.20	\$3.20
40	\$3.20	\$3.20
45	\$3.20	\$3.20
50	\$3.20	\$3.20
55	\$3.20	\$3.20
60	\$3.20	\$3.20

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.00	\$4.00
20	\$4.00	\$4.00
25	\$4.00	\$4.00
30	\$4.00	\$4.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$4.00	\$4.00
50	\$4.00	\$4.00
55	\$4.00	\$4.00
60	\$4.00	\$4.00

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.00	\$8.00
20	\$8.00	\$8.00
25	\$8.00	\$8.00
30	\$8.00	\$8.00
35	\$8.00	\$8.00
40	\$8.00	\$8.00
45	\$8.00	\$8.00
50	\$8.00	\$8.00
55	\$8.00	\$8.00
60	\$8.00	\$8.00

**ACCIDENTAL DEATH BENEFIT (ADB) RIDER
PAID UP AGE 70**

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000		
	Non-Tobacco	Tobacco
Issue Age	ADB	ADB
15	N/A	N/A
20	N/A	N/A
25	N/A	\$0.80
30	N/A	\$0.80
35	\$0.80	\$0.80
40	\$0.80	\$0.80
45	\$0.80	\$0.80
50	\$0.80	\$0.80
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.40	\$2.40
20	\$2.40	\$2.40
25	\$2.40	\$2.40
30	\$2.40	\$2.40
35	\$2.40	\$2.40
40	\$2.40	\$2.40
45	\$2.40	\$2.40
50	\$2.40	\$2.40
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000		
	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	\$1.60	\$1.60
20	\$1.60	\$1.60
25	\$1.60	\$1.60
30	\$1.60	\$1.60
35	\$1.60	\$1.60
40	\$1.60	\$1.60
45	\$1.60	\$1.60
50	\$1.60	\$1.60
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.20	\$3.20
20	\$3.20	\$3.20
25	\$3.20	\$3.20
30	\$3.20	\$3.20
35	\$3.20	\$3.20
40	\$3.20	\$3.20
45	\$3.20	\$3.20
50	\$3.20	\$3.20
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.00	\$4.00
20	\$4.00	\$4.00
25	\$4.00	\$4.00
30	\$4.00	\$4.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$4.00	\$4.00
50	\$4.00	\$4.00
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.00	\$8.00
20	\$8.00	\$8.00
25	\$8.00	\$8.00
30	\$8.00	\$8.00
35	\$8.00	\$8.00
40	\$8.00	\$8.00
45	\$8.00	\$8.00
50	\$8.00	\$8.00
55	N/A	N/A
60	N/A	N/A

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

**The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form L-21848 or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

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EN-1741 (03-14)

GROUP CRITICAL ILLNESS INSURANCE

Unum's group critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. This plan pays a lump sum benefit directly to you – not to a doctor or health care provider – at the first diagnosis of a covered condition.

What is Covered?

The following specified critical illnesses are covered under the base plan:

- Heart attack
- Blindness
- Major organ failure
- End-stage renal (kidney) failure
- Occupational HIV
- Coronary artery bypass surgery (pays 25% of lump sum benefit)
- Benign brain tumor

- Stroke (evidence of persistent neurological deficits confirmed at least 30 days after the event)
- Coma (resulting from severe injury lasting 14 consecutive days or more)
- Permanent paralysis (complete and permanent loss of the use of two or more limbs for a continuous 90 days as a result of a covered accident)

You may choose to select this benefit for an additional premium:

- Cancer
- Carcinoma in situ¹ (pays 25% of the lump sum benefit)

Please refer to the policy for complete details about these covered conditions.

Advantages of the Plan

- Coverage is available to eligible employees who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- All eligible children are automatically covered at 25% of the employee benefit amount at no additional cost. Eligible children are covered for the same conditions as the employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date.
- You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime.
- You get affordable rates when you buy this policy through your employer, and the premiums are conveniently deducted from your paycheck.
- You own the policy so you can keep this coverage if you change jobs or retire. Unum will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

FOR MORE INFORMATION: WWW.ENROLLAPPOINTMENTS.COM/COA

Monthly Premium

WITHOUT CANCER MONTHLY RATES PER \$1,000			WITH CANCER MONTHLY RATES PER \$1,000		
ISSUE AGE	NON-TOBACCO	TOBACCO	ISSUE AGE	NON-TOBACCO	TOBACCO
< 25	\$0.38	\$0.55	< 25	\$0.62	\$0.94
25 - 29	\$0.39	\$0.64	25 - 29	\$0.69	\$1.14
30 - 34	\$0.53	\$0.97	30 - 34	\$0.96	\$1.71
35 - 39	\$0.72	\$1.42	35 - 39	\$1.33	\$2.56
40 - 44	\$1.06	\$2.17	40 - 44	\$1.91	\$3.82
45 - 49	\$1.44	\$2.98	45 - 49	\$2.68	\$5.37
50 - 54	\$1.93	\$3.91	50 - 54	\$3.59	\$7.29
55 - 59	\$2.60	\$5.01	55 - 59	\$4.81	\$9.44
60 - 64	\$3.45	\$6.41	60 - 64	\$6.16	\$11.31
65 - 69	\$4.18	\$6.98	65 - 69	\$7.16	\$12.18
70 +	\$8.06	\$12.18	70 +	\$12.84	\$19.63

WELLNESS BENEFIT - ADDITIONAL MONTHLY COST PER \$100	
Employee & Child	\$3.20
Spouse	\$3.20

*Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

In TX, insured individuals must be covered by comprehensive health coverage before applying for group critical illness insurance.

*Eligible employees must be actively at work to apply for coverage. Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health or if you are on a leave of absence.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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Underwritten by: Unum Life Insurance Company of America

Portland, Maine

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EN-1606 (08-12)

ACCIDENT INSURANCE

Unum's accident insurance can pay benefits based on the injury you receive and the treatment you need, including X-rays, emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

Advantages of the plan

- Coverage is available to eligible employees age 17-80 who are actively at work*.
- You can buy coverage for your spouse and dependent children.
- No health questions to answer. If you apply, you automatically receive the base plan.
- Base plan is guaranteed renewable for life and covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, emergency room treatment, doctor's visits, fractures and dislocations, transportation, lodging and more.
- Benefits are paid for accidents that occur on or off-the-job.
- Plan also offers coverage for accidental death and catastrophic accident.
- You own the policy so you can keep this coverage if you change jobs or retire. Unum will bill you for your premiums.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

Monthly Premium

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD	EMPLOYEE, SPOUSE & CHILD
\$16.29	\$26.36	\$30.42	\$40.47

*Eligible employees must be actively at work to apply for coverage. Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on a leave of absence.

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EN-1614 (07-14)

ENROLLMENT DATES: OCTOBER 19-28, 2016

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The City of Abilene offers the services of an EAP to employees and their families at no cost to the employee. All City employees are eligible to use this benefit. Calls and counseling sessions through the EAP are confidential. The EAP is maintained by the independent, professional, and confidential counseling service of Alliance Work Partners (AWP). AWP is staffed by highly professional, skilled, and licensed counselors and social workers who are trained to provide help for issues of a personal nature and recommend community resources to assist you and your family members.

You may call the EAP 24 hours a day, seven days a week, to discuss your concerns, to receive crisis counseling, or referrals for face-to-face counseling at 800-343-3822. The EAP teen line is also available at 800-334-TEEN (8336).

LEGALSHIELD

The City of Abilene offers payroll deductions for pre-paid legal services through LegalShield.

Premiums for these plans are deducted twice a month, after taxes are withheld from your paycheck. They offer two plans:

- Legal Services
- Legal Services, plus Identity Theft Shield

For more information about these individual policies, contact the local agent at 325-370-1271.

TYPE OF COVERAGE	MONTHLY DEDUCTIONS
Legal Plan	\$15.95
Legal Plan, plus Identify Theft Shield	\$25.90

NEXT STEPS

- Have your dependent & beneficiary information (SSNs, dates of birth) available during your enrollment session.
- This year is an **active** enrollment. All eligible employees must complete the enrollment process no later than 5 PM on Friday, October 28, [in order to have any benefits in 2017.](#)

This Year Employees Have Two Options to Complete Enrollment:

- Visit www.enrollappointments.com/coa beginning Monday, October 10th to secure a telephone appointment to speak with a Benefits Educator. Appointments fill up fast, so don't wait until the last day!
- Enroll online 24/7 at www.CityofAbilene.bswift.com beginning Wednesday, October 19th. Online enrollment ends at 5 pm on Friday, October 28th, so don't put it off!

CONTACT INFORMATION

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE	GROUP/POLICY NUMBER
Medical Insurance	Aetna	(800) 245-0618	www.aetna.com	737327
Flexible Spending Account	Total Administrative Services Corporation (TASC)	(800) 422-4661	www.tasconline.com	N/A
Hospital Indemnity Insurance	Unum	(866) 679-3054	www.unum.com	R0557009
Dental Insurance	Ameritas Dental	(800) 487-5553	www.ameritas.com	031202
Vision	Ameritas Vision/VSP Network	(800) 877-7195	www.vsp.com	031202
Basic Life & AD&D Insurance and Voluntary Term Life Insurance	Dearborn National	(800) 778-2281	www.dearbornnational.com	N/A
Whole Life Insurance	Unum	(866) 679-3054	www.unum.com	R0557009
Group Critical Illness Insurance	Unum	(866) 679-3054	www.unum.com	R0557009
Accident Insurance	Unum	(866) 679-3054	www.unum.com	R0557009
Legal Services & Identity Theft Shield	LegalShield/Kevin Taylor	(800) 654-7757 (325) 370-1271	http://www.legalshield.com/	N/A

This benefit booklet summarizes the provisions of your Employee Benefits offered by the City of Abilene effective January 1, 2017. Complete details of each plan are included in the official plan documents and contracts. If there is a difference between this book and the documents or contracts, the documents and contracts will govern. Benefits described in this book may be changed at any time and do not represent a contractual obligation on the part of the City of Abilene.

FOR MORE INFORMATION: WWW.ENROLLAPPOINTMENTS.COM/COA



555 Walnut Street
Abilene, TX 79601

